U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Anthony N Jacobs	Name Boilermakers Local 169				
	Labor Organization File Number 806-190				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 39517 Lakeshore Dr.	Street 5936 Chase Rd.				
City Harrison Twp.	City Dearborn				
State Michigan ZIP Code + 4 48045	State Michigan ZIP Code + 4 48126				
5. Position in labor organization.  President, B.A. and training A	Admin:				
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Trade Name, if any:	N/A				
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Culty of flesh	On 8/8/3005 586 -469 -0894  Telephone Number				
	Date i diephone runner				
Form LM-30 (2003)	Page 1 of				

Name of Person Filling Anthony MJALOBS	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name Boilermakers Local 169 Training Fund  Trade Name, if any: Boilermakers  P.O. Box, Bldg., Room No., if any  Street 5936 Chase Rd.  City Dearborn  State Michigan ZIP Code + 4 48126	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Apprentice training fund for Journeymen upgrading and Apprentice traing for Boilermakers local 169.				
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$370,500  12.a. Nature of interest held or income received.  Training Administrator for Boilermakers local169  Training Fund. Car insurance reimbused for 2004.				
·	12.b. Amount. \$991				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).  Name  Trade Name, if any:	N/A				
P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing Anthony N JACOK	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name Boilermakers Local 169 Training Fund  Trade Name, if any: Boilermakers  P.O. Box, Bldg., Room No., if any  Street 5936 Chase Rd.  City Dearborn  State Michigan ZIP Code + 4 48126  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer     11.a. Nature of such dealing.    Apprentice training fund for Journeymen upgrading and Apprentice training for Boilermakers local 169.				
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. \$370,500				
City  State  ZIP Code + 4	12.a. Nature of interest held or income received.  Adminisstrator of training school and Journeymen upgrades. Received 2004	for Apprentices			
	12.b. Amount.	\$81,457			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name		The second secon			
Trade Name, if any:		Zina.coopie-propra ve upografie.			
P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filling AAThowy NJACO35	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Boilermakers Local 169 Training Fund					
Trade Name, if any: Boilermakers	a. Labor Organization  b. Trust  c. Employer				
P.O. Box, Bldg., Room No., if any					
Street 5936 Chase Rd.	Name and the second sec				
City Dearborn					
State Michigan ZIP Code + 4 48126					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Apprentice training fund for Journeymen upgrading and Apprentice traing for Boilermakers local 169.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$370,500				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Training Adminstrator for Boilermakers local 169 training Fund. Rembursed for Mileaage @ IRS .375 for year 2004.				
	12.b. Amount. \$2,694				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	N/A				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	The state of the s				
City	control of the second of the s				
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name	of Person Filing Anthony	1 JACOBS	File Number U-	
substant of an e (2) any	d an interest in or derived income or e ntial part of which consists of buying mployer whose employees your labo part of which consists of buying from with your labor organization or with	from, selling or leasing to, or off r organization represents or is a n or selling or leasing directly or	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Nam	e and address of Business (including	rade name, if any).	9. Business deals with:	
Name	Boilermakers Local 169 1	raining Fund		
Trade	Name, if any: Boilermakers	egopon es e quint inframentation annue e service de victoria me com a policie victoria me con annue e con a es La comención de victoria me con contratoria mentina a manera de conservició de la cilimática de comencia e con	a. Labor Organization b. Trust	
P.O. B	lox, Bldg., Room No., if any		c. Employer	
Street	5936 Chase Rd.		Tonas de la constante de la co	
City	Dearborn			
State	Michigan	ZIP Code + 4 48126		
10. lf 9	.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name			Boilermakers National Apprentice training And Journeymen upgrading school. (BNAP)	
Trade	Name, if any:			
P.O. B	ох, Bldg., Room No., if any			
Street				
City			11.b. Approximate dollar value of such dealing. \$1,430,000	
_			12.a. Nature of interest held or income received.  Boilermakers National Appreniceship Program	
State		ZIP Code + 4	Awards Banquet-Dinner for Apperntice of the year.	
			12.b. Amount. \$93	
			12.D. Allouni. Q23	
	ceived from any employer (other any labor relations consultant to an			
	ame and address of Employer or Labo	or Relations Consultant	14.a. Nature of payment.	
Name	and the state of t		N/A	
Trade	Name if any:			
P.O. Box, Bldg., Room No., if any Street				
City				
State		ZIP Code ÷ 4		
13.b. l	s the Business an Employer	or Consultant ?	14.b. Amount of payment.	